



**U.S. Small Business Administration**  
**HUBZone Empowerment Contracting Program Application for**  
**Corporations, Sole Proprietorships, Partnerships, and Limited Liability Companies**

To complete the sections below, see the SBA HUBZone Website at [www.sba.gov/hubzone](http://www.sba.gov/hubzone). This site also includes a guide with specific information and definitions that will assist you in completing the application. If you do not have access to the Internet, contact the local SBA District Office in your state or call the SBA HUBZone office at 202-205-8885. You may mail the completed application to **HUBZone Program, 409 3rd Street, S.W., Suite 8000, Washington, D.C. 20416**

**SECTION A - LOCATION IN QUALIFIED HUBZONE**

**HUBZone Applicant: Fill in the lines below and check any boxes that apply**

Street address of principal office		Other addresses (if any)	
City or town, state, and zip code	County	City or town, state, and zip code	County
Is the applicant firm's principal office located in a qualified census tract?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the applicant firm's principal office located in a qualified non-metropolitan county (median household income is less than 80% of the non-metropolitan state median household income)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the applicant firm's principal office located in a qualified non-metropolitan county (unemployment rate that is not less than 140% of the state-wide average unemployment rate for the state in which the county is located)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the applicant firm's principal office located within the external boundary of an Indian reservation?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**SECTION B - GENERAL BUSINESS INFORMATION**

**Note: SBA may request additional information/documentation to support the information provided in this application**

Application date (Month, Day, Year) ____/____/____		Customer number (Leave blank - to be provided by SBA):	
Business name			
Tax Identification Number (TIN) <sup>i</sup> or Employer Identification Number (EIN)		<input type="checkbox"/> TIN _____ <input type="checkbox"/> EIN _____	
Contact Prefix		<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	
Name (Last, First, Middle)		Title	
Business telephone (area code, number, extension)		Fax number (area code, number, extension)	
E-mail address			
Organizational structure of Business		<input type="checkbox"/> For profit <input type="checkbox"/> Nonprofit	

Primary SIC Code	Secondary SIC Codes
Date business established (Month, Day, Year) ____/____/____	State business incorporated/established
CAGE Code (Optional)	Description of applicant firm's principal products and/or services
Is applicant firm an Alaskan Native Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Business fiscal year beginning ____/____/____	Business fiscal year ending ____/____/____
Number of full-time/full-time equivalent employees at time of application. <sup>ii</sup>	Number of full-time/full-time equivalent employees who reside in a HUBZone at time of application.
Average number of employees on your firm's payroll during the last 12 calendar months.	Average annual receipts for firm's most recently completed three Fiscal Years. <sup>iii</sup>
Do any individual(s) of the applicant firm manage or have a principal ownership interest greater than 20% in any other businesses? These individuals include: principal shareholders (owning 20% or more of the voting stock); directors, officers, limited partners (owning 20% or more interest in the partnership); general partners, sole proprietors, members (owning 20% or more interest in the Limited Liability Company); managers; and key employees.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant firm now involved in any joint ventures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any special licenses (other than a general business license) required for the operation of your business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is all of firm's indebtedness owed to bank(s) or other financial institution(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable
Does anyone, other than a surety, indemnify or guarantee bonding assistance to the applicant firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant firm issue or operate under a franchise or license agreement with another concern?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does firm currently receive any Federal Employment Tax Credits? (If 'Yes', check all that apply).	<input type="checkbox"/> Work Opportunity <input type="checkbox"/> Welfare to Work <input type="checkbox"/> Empowerment Zone Employment Credit <input type="checkbox"/> Other (Specify) _____
Has the applicant firm ever been debarred, suspended, voluntarily excluded or otherwise rendered ineligible from any department or agency of the Federal Government? (If 'Yes', fill in the information requested)	<input type="checkbox"/> Yes <input type="checkbox"/> No • Date of Action ____/____/____ • Type of Action _____ • Agency taking Action _____ _____

- *If the Applicant is a Corporation, proceed to Section C - 1 - Ownership and Control – Corporation.*
- *If the Applicant is a Partnership, proceed to Section C - 2 - Ownership and Control – Partnership.*
- *If the Applicant is a Proprietorship, proceed to Section C - 3 - Ownership and Control – Proprietorship.*
- *If the Applicant is a Limited Liability Company, proceed to Section C - 4 - Ownership and Control – Limited Liability Company.*

### SECTION C - OWNERSHIP AND CONTROL - CORPORATION

*This section must be completed using current company information. The applicant is responsible for ensuring that all pertinent information is maintained and available to support and verify the U.S. citizenship of all individuals who own and controlling interest in the applicant firm*

Are all issued shares of stock owned by individual U.S. citizens? (including common/preferred, voting/non-voting.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are all of the current directors, officers, and key employees U.S. citizens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any stock voted under a proxy agreement, a trust or voting trust?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant firm agreed to combine with or merge with another concern in the future by sale of stock or assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant firm have any outstanding convertible debentures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant firm have any outstanding stock options?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*For each stockholder owning 20% or more of the voting stock, and for every member of the board of directors, officer, and key employee, provide the information below. If there are more than two such individuals, reproduce this page and enter the requested information, and attach it immediately behind this page.*

Name (First, Middle, Last)		Name (First, Middle, Last)	
Title		Title	
	Check all that apply <input type="checkbox"/> Stockholder <input type="checkbox"/> Board Member <input type="checkbox"/> Officer <input type="checkbox"/> Key Employee		Check all that apply <input type="checkbox"/> Stockholder <input type="checkbox"/> Board Member <input type="checkbox"/> Officer <input type="checkbox"/> Key Employee
U.S. Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Proceed to Section C - 5 - Ownership and Control – Individual Affiliation

### SECTION C-2 - OWNERSHIP AND CONTROL – PARTNERSHIP

*For each limited partner who owns 20% or more interest and for every general partner, officer, and key employee provide the information requested below. If there are more than two such individuals, reproduce this page and enter the requested information and attach it immediately behind this page.*

Are all the partners U.S. citizens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name (First, Middle, Last)		Name (First, Middle, Last)	
Title		Title	
	Check all that apply <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Officer <input type="checkbox"/> Key Employee		Check all that apply <input type="checkbox"/> General Partner <input type="checkbox"/> Limited Partner <input type="checkbox"/> Officer <input type="checkbox"/> Key Employee
U.S. Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Proceed to Section C - 5 - Ownership and Control – Individual Affiliation***

**SECTION C-3 - OWNERSHIP AND CONTROL – SOLE PARTNERSHIP**

*For the owner, all officers and key employees, provide the information below. If there are more than two such individuals, reproduce this page, enter the requested information, and attach it immediately behind this page.*

Name (First, Middle, Last)		Name (First, Middle, Last)	
Title		Title	
	Check all that apply <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Key Employee		Check all that apply <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Key Employee
U.S. Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Proceed to Section C - 5 - Ownership and Control – Individual Affiliation***

**SECTION C-4 - OWNERSHIP AND CONTROL – LIMITED LIABILITY COMPANIES**

Are all the members and managers U.S. citizens?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*For each member who owns 20% or more interest, and each manager and key employee, provide the information below. If there are more than two such individuals, reproduce this page, enter the information, and attach it immediately behind this page.*

Name (First, Middle, Last)		Name (First, Middle, Last)	
Title		Title	
	Check all that apply <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Key Employee		Check all that apply <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Key Employee
U.S. Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No	U.S. Citizenship	<input type="checkbox"/> Yes <input type="checkbox"/> No

**SECTION C-5 - OWNERSHIP AND CONTROL – INDIVIDUAL AFFILIATION**

*For each individual listed in Sections C – 1, C – 2, C – 3, or C – 4, provide the information requested below. If there are more than two such individuals, reproduce this page, enter the requested information, and attach it immediately behind this page.*

Name (First, Middle, Last)		Name (First, Middle, Last)	
Does this individual have a financial interest or hold a management position in any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does this individual have a financial interest or hold a management position in any other firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant firm share facilities, equipment or personnel with this other business? (If "Yes," enter business name, address, and position title and % of ownership)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant firm share facilities, equipment or personnel with this other business? (If "Yes," enter business name, address, and position title and % of ownership)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Business name		<input type="checkbox"/> Business name	
<input type="checkbox"/> Street address (city, state, and zip code)		<input type="checkbox"/> Street address (city, state, and zip code)	
<input type="checkbox"/> Title of Position	% of Ownership	<input type="checkbox"/> Title of Position	% of Ownership
Has this individual ever been debarred, suspended, voluntarily excluded, or otherwise rendered ineligible from any department or agency of the Federal Government? (If "Yes," fill in the information requested.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Has this individual ever been debarred, suspended, voluntarily excluded, or otherwise rendered ineligible from any department or agency of the Federal Government? (If "Yes," fill in the information requested.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> <li>Date of Action ____/____/____</li> <li>Type of Action _____</li> <li>Agency taking Action _____</li> </ul>		<ul style="list-style-type: none"> <li>Date of Action ____/____/____</li> <li>Type of Action _____</li> <li>Agency taking Action _____</li> </ul>	

**SECTION D - AFFILIATION**

Does the applicant firm own an interest in any other business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do any other businesses own an interest in the applicant firm?	<input type="checkbox"/> Yes <input type="checkbox"/> No

*If "Yes," to either of the above questions, answer the following questions for each such concern. If more than one concern is involved, reproduce this section, and complete it for each such firm. If "No," to both questions, skip this section.*

Name of Firm	
Street Address	Other Address (if any)

City, or town, state and zip code	County	City, or town, state and zip code	County
What percentage of voting stock or ownership of the firm does the applicant hold?			
What percentage of voting stock or ownership of the applicant hold does this firm hold?			
Major products or services of concern (SIC)			
Is the other firm an 8(a) program participant?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the other firm a women-owned small business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the other firm a qualified HUBZone small business?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Average number of employees of firm last 12 months			
Average annual receipts of this firm for the most recently completed three fiscal years. <sup>v</sup>			

### SECTION E - FINANCIAL INFORMATION

*The following must be taken from the most recently filed Federal Tax Return*

Last fiscal year ____ / ____ / ____	Tax Return Filing Date ____ / ____ / ____	Total Receipts
Income	Gross Profit	Net Profit

*The following balance sheet information must be taken from the most recent, official company financial statements*

Assets	Liabilities
Current	Current
Fixed	Long-term
Other	Total liabilities
Total assets	Net worth

### F – HUBZone Employment – Individual Employment Data

**Employment Profile.** *The statement below refers to each employee who is currently on your payroll, and whom you rely upon to meet the 35% HUBZone residency requirement. <sup>iv</sup>In calculating the percentage of employees who are HUBZone residents, do not include temporary employees, independent contractors, or leased employees. Further, in verifying employee residence, be sure to use actual resident addresses; post office boxes are not acceptable.*

The applicant firm has researched the resident status of its employees and has determined that at least 35% of its full-time/full-time equivalent employees are HUBZone residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant firm calculated the percentage of HUBZone residents utilizing current employment records as of the date of this application and will ensure that these records and all other pertinent information are maintained to document that at least 35% of its full-time/full-time equivalent employees are HUBZone residents.	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Proceed to Section G - Certification and Representation**

## SECTION G - HUBZone Empowerment Contracting Program Certification

Please read carefully the following certification statements and have the authorized officer or officers of the applicant sign and date the form. The definitions for the terms used in this certification and throughout this application are set forth in the Small Business Act (15 U.S.C. § 632), SBA regulations (13 C.F.R. Part 126), and also any statutory and regulatory provisions referenced therein. In addition, please note that SBA may request further clarification or supporting documentation in order to assist in the verification of any of the information provided and that each person signing this certification may be prosecuted if they have provided false information. Also note that SBA's approval of this application does not affect the Government's right to pursue criminal prosecution for incorrect or incomplete information given on the application form, even if correct information has been included in other materials submitted to SBA.

**The undersigned has reviewed, verified and hereby certifies that:**

- (1) The applicant firm is a small business concern, organized for profit that is both owned only by United States citizens and controlled only by United States citizens.
- (2) The applicant firm principal office is located in a HUBZone.
- (3) Not less than thirty-five percent (35%) of the applicant firm employees reside in a HUBZone.
- (4) The applicant firm will use good faith efforts to ensure that no less than thirty-five percent (35%) of its employees continue to reside in a HUBZone during the performance of any contract awarded to it on the basis of its status as a qualified HUBZone SBC.
- (5) The applicant firm will ensure that where it enters into subcontracts to aid in performance of any prime contracts awarded to it because of its status as a qualified HUBZone SBC, it will incur not less than a certain minimum percentage of certain contract costs as set forth in 13 C.F.R. § 126.700.

Neither the applicant firm nor any of its affiliates have ever been de-certified by SBA and removed from the List of

- (7) Qualified HUBZone SBCs.

All the statements and information provided on this form and any attachments are true, accurate and complete. If assistance was obtained in completing this form and the supporting documentation, I have personally reviewed the information and it is true and accurate. I understand that these statements are made for the purpose of determining eligibility and continuing eligibility in the

- (8) HUBZone Program. In addition, the applicant will immediately notify the SBA of any material change which could affect the applicant/qualified HUBZone SBC's eligibility.

I understand that the information submitted may be given to Federal, State and local agencies for determining violations of law. I also understand that under federal law any person who fails to correct "continuing representations" that are no longer true, provides a false statement, or knowingly misrepresents the status of a HUBZone SBC in order to: 1) influence the certification process in any way; 2) maintain eligibility in an SBA program; 3) obtain a contract pursuant to the Small Business Act; or, 4) obtain any benefit under a provision of Federal law that references the HUBZone Program for a definition of program eligibility. shall be:

- (a) Subject to fines of up to \$500,000, and imprisonment of up to 10 years, or both, as set forth in 15 U.S.C. § 645, 18 U.S.C. § 1001, and any other applicable laws;
  - (b) Subject to civil and administrative penalties, including damages, program termination, suspension and debarment from Government contracting under 15 U.S.C. § 645, 31 U.S.C. §§ 3729-3733, 31 U.S.C. §§ 3801-3812, 13 C.F.R. Part 145, 48 C.F.R. Part 9, subpart 9.4, and any other applicable laws; and
  - © Ineligible for participation in programs conducted under the authority of the Small Business Act.
- (9) I am an officer of the applicant authorized to represent the applicant and sign this certification on its behalf.

**Note: This certification must be notarized and mailed to HUBZone. (There must be an original signature on file at HUBZone.) In addition, if the applicant is a corporation, please have the Corporate Secretary witness these signatures and affix the corporate seal, if required by state statute.**

Signature _____	Date ____/____/____	Signature _____	Date ____/____/____
Print Name (First, Middle, Last) _____		Print Name (First, Middle, Last) _____	
Title _____		Title _____	
Business Name _____			
Attested by Secretary _____		Date _____	
Notary Acknowledgment _____		Date _____	

## General instructions and definitions

The estimated burden for completing this form is 1 hour per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., S.W., Washington, D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval No. 3245-0320

To complete the application, see the SBA HUBZone Website at [www.sba.gov/hubzone](http://www.sba.gov/hubzone). This site also includes a guide with specific information and definitions that will assist you in completing the application. If you do not have access to the Internet, contact the local SBA District Office in your state or call the SBA HUBZone office at 707-705-8885

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- i Sole proprietorships should use the Social Security Number of the owner if the EIN is not available. Providing your Social Security Number is voluntary. SBA uses Social Security Numbers to distinguish between people with the same or similar names. SBA is authorized to request this information by 15 U.S.C. § 634(b), 5 U.S.C. § 301 and 44 U.S.C. § 3101. Under the provisions of the Privacy Act, 5 U.S.C § 552a, please note that the information submitted on this form may also be used to determine program impact by matching contract award data to a specific individual's Social Security Number.
- ii An employee means a person (or person) employed by a HUBZone SBC on a full-time (or full-time equivalent) permanent basis. Full-time equivalent includes employees who work 30 hours per week or more. Full-time equivalent also includes the aggregate of employees who work less than 30 hours a week, where the work hours of such employees add up to at least a 40 hour work week. 13 C.F.R. § 126.103.
- iii Period of measurement. (1) Annual receipts of a concern which has been in business for 3 or more completed fiscal years means the receipts of the concern over its last 3 completed fiscal years divided by three.  
(2) Annual receipts of a concern which has been in business for less than 3 complete fiscal years the receipts for the period the concern has been in business divided by the number of weeks in business, multiplied by 52.  
(3) Annual receipts of a concern which has been in business 3 or more complete fiscal years but has a short year as one of those years means the receipts for the short year and the two full fiscal years divided by the number of weeks in the short year and the two full fiscal years, multiplied 52. 13 C.F.R. § 121.104 (b).
- iv Reside means to live in a primary residence [located in a HUBZone] at a place for at least 180 days, or as a currently registered voter, and with intent to live there indefinitely. 13 C.F.R. § 126.103